

# Title VI - Complaint Form

## Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other): \_\_\_\_\_

email Address: \_\_\_\_\_

Accessible Format Requirements: Large Print: \_\_ TTY: \_\_ Audio Tape: \_\_ Other: \_\_

## Section 2

Are you filing this complaint on your own behalf? Yes \*: \_\_\_\_\_ No: \_\_\_\_\_

\*If you answered "yes" to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_  
\_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_  
\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Section 3

I believe the discrimination I experienced was based on (check all that apply):

Race: \_\_\_\_\_

Color: \_\_\_\_\_

National Origin: \_\_\_\_\_

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please use the back of this form.

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## Section 4

Have you previously filed a Title VI complaint with this agency? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Section 5**

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, enter the names of agencies & courts.

Federal Agency: \_\_\_\_\_ State Agency: \_\_\_\_\_  
Local Agency: \_\_\_\_\_ State Court: \_\_\_\_\_  
Federal Court: \_\_\_\_\_

Please provide information about a contact person at the agency or court where the complaint was filed:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Section 6**

Name of agency complaint is against: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Signature Date

Please submit this form in person at the address below, or mail to:

Sunshine Industries Unlimited, Inc.  
Title VI Coordinator  
1333 Clark Mill Road  
P.O. Box 178  
Sweet Home, OR 97386